

00-*2*-1019

Entered -4-26-00- sb

CL 00L0243- GWENDOLYN BURNS

CLAIM OF: **SANDRA DENISE JONES**

1223 Deleon Court

Clarkston, Georgia 30021

For damages alleged to have been sustained
as a result of a vehicular accident on March
28, 2000 at Forsyth Street & Brotherton
Street, SW.

THIS ADVERSED REPORT IS
APPROVED

ADVERSE REPORT

COM. *25.1A*

DATE *7/11/00*

CHM *C. F. McA*

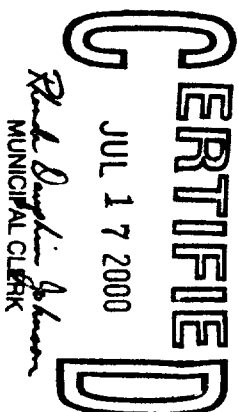
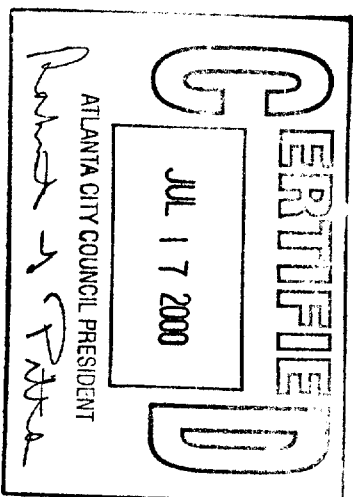
Sandra Denise Jones

Henry D. Jones

CONSENT AGENDA

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED BY
CITY COUNCIL JUL 17 2000





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Sandra Denise Jones
1223 Deleon Court
Clarkston, GA 30021

00-R-1019

Dear Ms. Jones:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0243

Date: June 30, 2000

Claimant /Victim SANDRA DENISE JONES
BY: (Atty) (Ins. Co.) _____
Address: 1223 Deleon Court, Clarkston, Georgia 30021
Subrogation: _____ Claim for damages \$ 1,813.79 Bodily Injury \$ _____
Date of Notice: 4/26/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/28/00 Place: Forsyth Street & Brotherton Street, SW
Department PUBLIC WORKS Division Solid Waste Services
Employee involved Larry Holliday Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when it was struck by a city sanitation vehicle. However, an investigation determined that the claimant improperly passed and failed to completely clear the overtaken city vehicle before returning to the right side of the roadway.

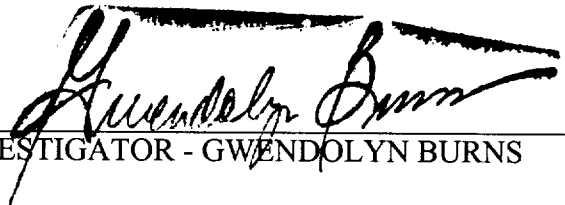
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

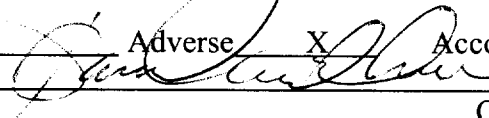
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-30-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: March 29, 00

ENTERED - 04/26/00 - tew
00L0243 - GWEN BURNS
03-29-00 10:12 AM

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,813.⁷⁰ property and/or \$ -0- bodily injury for which I contend the City is liable.

1. Date of incident: Feb 28, 00
(month/day/year)

2. Police called: ☒ Yes ☐ No

3. Location of incident: Forsyth St. (SW) & Brotherton St. (SW)

4. Name of your insurance company: GEICO Policy No. 236-28-80

5. State what and how incident occurred: Driver of city of Atlanta truck failed to yield and struck my car in the right rear Quarter panel causing damage.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo 740GLE 1987 778 RCN Vachon Romel Raye
(make) (year) (tag number) (driver's name)

City vehicle: 1996 International (Crew Cab) Larry Demetrius Holiday UNKNOWN
(make) (City driver's name) (department/bureau)

Witness: _____
(name) (address) (telephone number)

The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.

This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sandra Denise Jones
(claimant's name)

1223 Deleon Ct.
(address)

Clarkston, Georgia
(city and state)

(work number)

(404) 501-0027
(home number)

00-R-1019